



Liberty Mutual Fire Insurance Company
PO Box 30608

Honolulu HI 96820
Tel: (808) 589-8920 / (800) 352-5957
Fax: (808) 589-8943

May 05, 2003

TIARA ENGLE
2623 NONOHE ST
WAHLAWA HI 96786-2842

ATTN TIARA ENGLE

CLAIMANT: TIARA ENGLE
CLAIM NUMBER: LA658-003558040-05
DATE OF LOSS: 05/02/2003

Dear Tiara:

Please take a moment to read the enclosed document for important information regarding your No-Fault benefits. Of special note is the announcement on side two describing a money-saving opportunity now available through the First Health Network.

We have also enclosed the Hawaii PIP Application and Authorization Forms. Please complete and return both of these forms in the envelope provided.

If you have any questions about your coverage or any other aspect of your claim, please feel free to call me at the number listed above, extension

Sincerely,

KIMBERLY BOYKIN
Claims Department

Enclosure